

STATE OF MAINE

BOARD OF FUNERAL SERVICE

APPLICATION FOR LICENSURE

- ATTENDANT
- PRACTITIONER TRAINEE
- PRACTITIONER
- RECIPROCITY



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
HEARING IMPAIRED (888) 577-6690
Email Address: jennifer.l.mooney@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine

Application Guide for Licensure

Please read all the information carefully. If you have any questions, you can contact the Board of Funeral Service office at (207) 624-8626, or email jennifer.l.mooney@maine.gov

Furnished to Applicant:

- Application Guide for Licensure
- Application for Licensure
- Supervisor Approval Form (Attachment A)
- Verification of Licensure (Attachment B)
- Accommodation Request Form
- Criminal Records Check Memo
- Criminal Records Check Form
- Authorization of Credit Card Payment Form

ELIGIBILITY FOR LICENSURE:

All applicants applying for an Attendant's Registration must submit the following:

- ☐ Completed and signed application for licensure;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment; and
 - \$50 Registration Fee
 - \$15 Criminal History Records Check Fee
- ☐ Completed Supervisor Approval Form (Attachment A).

A funeral attendant means any person who is employed part or full-time in the practice of funeral service and is engaged in transporting human remains and who may assist a licensed practitioner in other funeral activities. All funeral attendants shall work under the direct and personal supervision and legal responsibility of a licensed practitioner who is actively connected with a funeral establishment. When a funeral attendant leaves the employ of a practitioner, it shall be the duty of said practitioner to notify the board of termination of employment.

All applicants applying for licensure as a Practitioner Trainee must submit the following:

- ☐ Completed and signed application for licensure;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - \$50 License Fee
 - \$15 Criminal History Records Check Fee
- ☐ Copy of Birth Certificate;
- ☐ Proof of completion of high school or its equivalent; and
- ☐ Completed Supervisor Approval Form (Attachment A).

A practitioner trainee means a person who is engaged in preparing to become licensed for the practice of funeral service under the personal supervision and instruction of a person duly licensed for the practice of funeral service, and who is duly registered as such and approved by the board.

Upon submission of the above requirements, your application will be reviewed. Upon approval, you will be contacted in writing by the office giving you procedures for setting up an interview with a Board Member. Upon notification of acceptance by the Board Member, your Practitioner Trainee License will be issued and you will be entered into the Apprenticeship Council so that you may serve your 2000 on-the-job training hours at the licensed establishment. You will be contacted by the Apprenticeship Council as to the procedures for doing your training.

All applicants applying for licensure as a Practitioner must submit the following:

- ☐ Completed and signed application for licensure;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - \$200 License Fee
 - \$75 Examination Fee
 - \$15 Criminal History Records Check Fee
- ☐ Copy of birth certificate (if not submitted previously);
- ☐ Proof of completion of high school or its equivalent (if not submitted previously);
- ☐ Transcript(s) documenting completion of one (1) year of mortuary school and one (1) year of college or two (2) years of mortuary school;
- ☐ Written proof of successful completion of the apprenticeship program; and
- ☐ Written proof of successful completion of the National Conference Examination.

A Funeral practitioner shall mean any licensed person engaged or holding themselves out as engaged in embalming and/or funeral directing, whether on their own behalf or in the employ of another, and shall include any person who shall use, in connection with their name, the words "embalmer," "funeral director," "mortician," or "undertaker" or any other words or title implying they are designating themselves to be an embalmer and/or funeral director.

Upon submission of the above requirements, your application will be reviewed. Upon approval, you will be notified of the procedure for taking your Practical and State Law examinations. Upon successful completion of both examinations, you will be granted licensure as a Practitioner of Funeral Service.

All applicants applying for licensure by Reciprocity must submit the following:

- ☐ Completed and signed application for licensure;
- ☐ Fees: All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
 - \$200 License Fee
 - \$75 Examination Fee
 - \$15 Criminal History Records Check Fee
- ☐ Copy of birth certificate;
- ☐ Proof of completion of high school or its equivalent;
- ☐ Written proof of successful completion of the National Conference Examination;
- ☐ Completed Verification of Licensure from state(s) in which you hold or previously held licensure (Attachment B);
- ☐ Transcript(s) documenting completion of one (1) year of mortuary school and one (1) year of college or two (2) years of mortuary school;
- ☐ Written documentation that the applicant has been in active practice in another state for at least three years immediately preceding application in Maine. (As proof, the Board will accept letters from employers that the applicant is actually engaged in their employment.)

Upon submission of the above requirements, your application will be reviewed. Upon approval, you will be notified of the procedure for taking your State Law examination. Upon successful completion of this examination, you will be granted licensure as a Practitioner of Funeral Service.



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral Service
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(888) 577-6690 (HEARING IMPAIRED)

Office Use Only			
License #		_____	
Cash #		_____	
Check #		_____	
4230	1421	\$200	PR
4230	1424	\$50	TR
4230	1425	\$50	AT
4230	1447	\$75	PR
4230	2619	\$15	

ANNE L. HEAD
DIRECTOR

APPLICATION FOR LICENSURE

PLEASE CHECK ONE OF THE FOLLOWING:

☐ Attendant (AT) ☐ Practitioner Trainee (TR)

☐ Practitioner (PR) ☐ Reciprocity

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

Name: _____

Any Other Names Used: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Telephone: _____ Work Telephone: _____

Social Security #: _____ Date of Birth: _____

Name of Establishment: _____

Address of Establishment: _____

City: _____ State: _____ Zip Code: _____



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ANNE L. HEAD
DIRECTOR

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been licensed in another state or territory? ☐ Yes ☐ No
State: _____ License # _____
Date Issued: _____ Expiration Date: _____
2. Has your application for examination or licensure been denied by any state governing the practice of funeral service? ☐ Yes ☐ No
If yes, please attach an explanation.
3. Has your license ever been suspended or revoked by any state? ☐ Yes ☐ No
If yes, please attach an explanation.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

4. Have you ever pled guilty to, pled no contest to, or been found guilty of any crime? ☐ Yes ☐ No
If yes, please provide a copy of the court document record for each crime and a statement of the circumstances surrounding that crime.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature of Applicant

Date



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**SUPERVISOR APPROVAL FORM
ATTACHMENT A**

Name of applicant: _____

Type of license/registration being applied for: ☐ Attendant ☐ Practitioner Trainee

Name of Funeral Establishment Employed By: _____

Address of Funeral Establishment: _____

City: _____ State: _____ Zip Code: _____

License number of Funeral Establishment: _____

Telephone number of Funeral Establishment: _____

Practitioner responsible for the training/supervision of the applicant: _____

Practitioner's license number: _____

If the above applicant is being registered as an attendant, please list the name(s) of all funeral establishments in which the attendant will be working:

Name of Establishment

License Number

THIS SECTION TO BE SIGNED BY THE PRACTITIONER RESPONSIBLE FOR THE PRACTITIONER TRAINEE/ATTENDANT.

I hereby certify that I will be responsible for the Practitioner Trainee/Attendant.

Signature of Practitioner: _____

Printed Name of Practitioner: _____ Date: _____



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**VERIFICATION OF LICENSURE
ATTACHMENT B**

State completing form: _____

This is to certify that the following information was taken from the records maintained by the State Board listed above.

Name of applicant: _____

Address of applicant: _____

City: _____ State: _____ Zip Code: _____

The above named person is licensed in the State of _____
as follows:

License type: _____ License number: _____

Date issued: _____ Expiration date: _____

The issuance of this license was based on:

Education: _____

National Conference Examination? ☐ Yes ☐ No

Additional requirements: _____

This licensee is in good standing with no disciplinary action taken against him/her.

☐ Yes ☐ No

Comments: _____

Printed Name and Title of Authorized Person: _____

Signature of Authorized Person: _____

Date: _____

Board Seal



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4230	1425	\$50	AT
4230	1447	\$75	PR
4230	2619	\$15	

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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	

Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



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ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____

Address: _____

Telephone #: _____ Social Security Number: _____

Accommodations Requested for the _____ Examination.

Disability _____

Please check all that apply

- ☐ **Accessible Testing Site**
- ☐ **Separate Testing Site**
- ☐ **Braille**
- ☐ **Large Print**
- ☐ **Tape**
- ☐ **Reader as Accommodation for Visual Impairment**
- ☐ **Scribe/Amanuensis as Accommodation for Visual or Motor Impairment**
- ☐ **Reader as Accommodation for Learning Disability**
- ☐ **Scribe/Amanuensis as Accommodation for Learning**
- ☐ **Sign Language Interpreter**
- ☐ **Extended Time**
 - ☐ **Time-and-a-half**
 - ☐ **Double time**
 - ☐ **More than double time (specify) _____**
- ☐ **Use of Computer or Other Adaptive Equipment (specify) _____**
- ☐ **Other: _____**

Signed and Dated: _____



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DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity as a
(Test applicant) (Date)

(Professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all types)

- ☐ **Taped test**
- ☐ **Large print test**
- ☐ **Reader**
- ☐ **Scribe/amanuensis**
- ☐ **Extended time**
- ☐ **Time-and-a-half**
- ☐ **Double time**
- ☐ **More that double time (please justify) _____**
- ☐ **Separate Testing Area**
- ☐ **Use of Computer or Other Adaptive Equipment (please specify) _____**
- ☐ **Other (please specify) _____**

Signed: _____ **Title:** _____

Date: _____ **License # (if applicable):** _____



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